

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

9716
Lobbying Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 6-1-01

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1010925

CR# 6914
JHO jmr

1. NAME Longg Serna 0
Last First MI

2. BUSINESS PHONE 225-922-7777

3. BUSINESS ADDRESS 8777 Quarters Lake Rd. Baton Rouge LA 70809
Street and No City State Zip

MAILING ADDRESS P.O. Box 14204 Baton Rouge LA 70878
Street and No City State Zip

4. EMPLOYER Creative Communications

5. EMPLOYER'S ADDRESS P.O. Box 14204 Baton Rouge LA 70878
Street and No City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in at the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable

1. Name Heard Lisenbarger

Address 1515 Poydras suite 1540 NO, 70110

Business or purpose collection issues

New Representation
Does this person pay you? NO

If No, who pays you? Creative Communications

I terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

2. Name Sara Collins Company

Address _____

Business or purpose _____

 New Representation
 Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of terminated by mistake

3. Name _____

Address _____

Business or purpose _____

 New Representation
 Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

[Signature]
 Signature of Lobbyist